

For official use only:	
Customer Name	Customer No.

PD F 5188 E  
Department of the Treasury  
Bureau of the Public Debt  
(Revised July 2003)

**DURABLE POWER OF ATTORNEY FOR SECURITIES  
AND SAVINGS BONDS TRANSACTIONS**

OMB No. 1535-0069

**IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.**

**PRINT IN INK OR TYPE ALL INFORMATION**

**1. APPOINTMENT**

I, \_\_\_\_\_ **HEREBY APPOINT**  
(Name of Grantor)  
\_\_\_\_\_  
(Name of Attorney-in-Fact) **AS MY ATTORNEY-IN-FACT.**

**2. AUTHORITY**

- A. ☐ I authorize my attorney-in-fact named above to perform any and all transactions relating to my Treasury Securities and United States Savings Bonds and Notes that Treasury regulations permit an attorney-in-fact to make. This authority includes the right to execute tax documents related to these securities.
- B. ☐ I authorize my attorney-in-fact named above to exercise any powers and duties, whether or not discretionary, that I am authorized to perform regarding securities belonging to any trust, probate estate, guardianship, conservatorship, custodianship, or other similar estate for which I am now, or may later be, appointed as fiduciary.

Authorized transactions may include, but are not limited to, changes of payment information, collection of interest, redemptions, transfers or sales, assignments, purchases by ACH (*PayDirect®*) or any other authorized payment method, or reinvestments. The Bureau of the Public Debt will not be liable for any loss, cost, or expense that you may incur as a result of transactions made by the attorney-in-fact appointed.

**3. TERM AND DURABILITY**

This power is effective until it is revoked in writing. (See Item 3 in the instructions for revocation procedures.) This is a durable power of attorney that will not be affected by the grantor's subsequent disability or incapacity.

**4. SIGNATURE** *I ratify any and all authorized transactions by my attorney-in-fact.*

***You must wait until you're in the presence of a notary public or certifying officer to sign this form.***

**Sign Here ⇒** \_\_\_\_\_  
(Signature of Grantor) (Print Name)

**Home Address** \_\_\_\_\_  
(Number and Street or Rural Route) (City) (State) (ZIP Code)

\_\_\_\_\_  
(TreasuryDirect Account No., if applicable) (Social Security Number)

**E-Mail Address** \_\_\_\_\_  
(Optional) (Daytime Telephone Number)

***The grantor must sign in your presence. You must complete the certification and affix your stamp or seal.***

I CERTIFY that \_\_\_\_\_, whose identity is known or was  
proven to me, personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_,  
(Month) (Year)

at \_\_\_\_\_, and signed this form.  
(City) (State)

\_\_\_\_\_  
(Signature and Title of Notary Public or Certifying Officer)

\_\_\_\_\_  
(Number and Street or Rural Route)

**(OFFICIAL STAMP  
OR SEAL)**

\_\_\_\_\_  
(City) (State) (ZIP Code)

My commission expires \_\_\_\_\_  
(For notaries only)

\_\_\_\_\_  
(Name of Financial Institution – for Certifying Officers only)

## INSTRUCTIONS

**USE OF FORM** – Use this form to appoint and authorize an attorney-in-fact to conduct any and all authorized transactions regarding Treasury securities. These securities include, but are not limited to Treasury bonds, bills, and notes, and all series of United States Savings Bonds and Savings Notes. Authorized transactions may include, but are not limited to, changes of payment information, collection of interest, redemptions, transfers or sales, assignments, purchases by ACH (*PayDirect*®) or any other authorized payment method, reinvestments, and/or the completion of tax documents. (An attorney-in-fact may not reissue definitive savings bonds.)

### IMPORTANT NOTICES

- This form gives the individual or organization you name as attorney-in-fact broad powers to handle your securities and/or securities for which you are acting on the owner's or entitled party's behalf as fiduciary. If you have questions about these powers, you should seek professional legal advice before signing this form.
- The attorney-in-fact is not permitted to transfer securities to an account in his or her own name.
- If the grantor is an organization, and the transaction involves securities being held in *TreasuryDirect*, a resolution authorizing the appointment of an attorney-in-fact must also be submitted. A PD F 5189 may be used for this purpose.
- If the grantor of the power of attorney is a trustee, provide the following excerpts of the trust instrument:
  - a copy of the page showing the name and date of the trust,
  - a copy of the page showing the trustee's authority to appoint an agent or attorney-in-fact, and
  - a copy of the signature page.
- Only original signatures will be accepted (stamped signatures are not acceptable).
- **This form will not be accepted with alterations or corrections.**

**COMPLETION OF FORM** – Print clearly in ink or type all information requested.

#### ITEM 1. APPOINTMENT

Insert your name as grantor. Provide the name of the individual or organization you appoint as attorney-in-fact.

#### ITEM 2. AUTHORITY

Carefully read the statement regarding the authority you are granting. As previously stated, if you have questions about the scope of the authority granted, you should seek professional legal advice before signing this form. Mark box A to grant authority regarding your securities. Mark box B to grant authority for securities belonging to any trust, probate estate, guardianship, conservatorship, custodianship, or other similar estate for which you are now, or may later be, appointed as fiduciary. Mark both boxes if you want to grant both individual and fiduciary authorities. **Additional evidence may be required to establish your appointment and qualification as a fiduciary.**

#### ITEM 3. TERM AND DURABILITY

This power of attorney is in effect until revoked and the authority granted will not be affected by the subsequent disability or incapacity of the grantor. It is the responsibility of the grantor or the attorney-in-fact to notify us of any changes or revocations to this power of attorney. Changes or revocations must be in writing (notarized or certified) and must be sent to the Bureau of the Public Debt.

#### ITEM 4. SIGNATURE

You must sign the form in ink, print your name, and provide your home address, social security number, daytime telephone number, and e-mail address, if applicable. Your signature must be certified (see **CERTIFICATION**).

**CERTIFICATION** – You must appear before and establish identification to the satisfaction of an authorized certifying officer, a notary public, or other officer authorized by law to administer oaths and sign the form in the officer's presence. The certifying officer must fully complete the certification form provided and affix the seal or stamp which is used when certifying requests for payment. A notary public or similar officer must also show the expiration date of his/her commission. Authorized certifying officers are available at banking institutions, including credit unions, in the United States. For a complete list of such officers, see Department of the Treasury Circulars, Nos. 300 and 530, and Public Debt Series, Nos. 3-80 and 2-98.

**WHERE TO SEND** – Send the completed form, the securities (if appropriate), and any other necessary evidence to the appropriate address for the specific securities/transactions involved:

- **Accrual Saving Bonds (Series EE/E and I)** Bureau of the Public Debt, PO Box 1328, Parkersburg, WV 26106-1328.
- **Current Income Savings Bonds (Series HH/H)** Bureau of the Public Debt, PO Box 2186, Parkersburg, WV 26106-2186.
- **Marketable and other Treasury securities** Bureau of the Public Debt, PO Box 426, Parkersburg, WV 26106-0426.

#### PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 10 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to correct address shown in "WHERE TO SEND" above.**